

22651 U.S. PTO
040204

Atty. Dkt. No. 055391-0107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

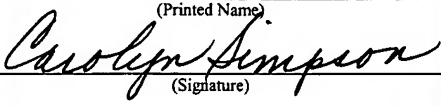
Applicant: Karidis, et al.
Title: SYSTEM AND METHOD FOR
PROVIDING HEATING,
VENTILATION AND AIR
CONDITIONING

Appl. No.:

Filing Date: April 2, 2004

Examiner:

Art Unit:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. | |
| EV 431601315 US | 4/2/04 |
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| Carolyn Simpson | |
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19270 U.S. PTO
10/817077

040204

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

George P. Karidis
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Enclosed are:

- ☒ Specification, Claim(s), and Abstract (23 pages).
- ☒ Formal drawings (5 sheets, Figures 1,2,3,4,5,6,7,8).
- ☒ Declaration and Power of Attorney (4 pages).
- ☒ Assignment of the invention to SmithGroup, Inc..
- ☒ Assignment Recordation Cover Sheet.
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|---------------------------------------------|--------------------|------------------------------------------------|-----------------|---------------------|---------------|
| Basic Fee | | | | \$770.00 = | \$770.00 |
| Total | 20 | - 20 | = 0 x | \$18.00 = | \$0.00 |
| Claims: | | | | | |
| Independents | 3 | - 3 | = 0 x | \$86.00 = | \$0.00 |
| : | | | | | |
| If any Multiple Dependent Claim(s) present: | | | + | \$290.00 = | \$0.00 |
| | | | | SUBTOTAL: = | \$770.00 |
| <input type="checkbox"/> | | Small Entity Fees Apply (subtract ½ of above): | | = | \$0.00 |
| | | | | TOTAL FILING FEE: = | \$770.00 |

- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 4/02/04

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By 

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